

11. ATTORNEY'S NAME ( <i>First Name, M.I., Last Name, including any suffix</i> ), AND MAILING ADDRESS          Telephone Number: _____	12. COURT ORDER: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> O Appointing Counsel  <input type="checkbox"/> F Subs For Federal Defender  <input type="checkbox"/> P Subs For Panel         </div> <div style="width: 48%;"> <input type="checkbox"/> C Co-Counsel  <input type="checkbox"/> R Subs For Retained Attorney  <input type="checkbox"/> Y Standby Counsel         </div> </div> <p><b>Prior Attorney's Name:</b> _____ <b>Appointment Date:</b> _____</p> <p>(A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case.</p> <p>(B) The attorney named in Item 11 is appointed to serve as:   <input type="checkbox"/> LEAD COUNSEL   <input type="checkbox"/> CO-COUNSEL</p> <p><b>Name of Co-Counsel</b> _____</p>
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13. NAME AND MAILING ADDRESS OF LAW FIRM <i>(Only provide per instructions)</i>	<div style="display: flex; justify-content: space-between;"> <div> <b>or Lead Counsel:</b> _____         </div> <div> <b>Appointment Date:</b> _____         </div> </div> <p>(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel).</p> <p>G (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.</p> <div style="text-align: center; margin-top: 20px;">           _____            Signature of Presiding Judge or By Order of the Court         </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">             _____              Date of Order           </div> <div style="text-align: center;">             _____              Nunc Pro Tunc Date           </div> </div> <p>(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.</p> <div style="text-align: center; margin-top: 10px;">             G YES      G NO           </div>
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14. STAGE OF PROCEEDING											
Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.											
CAPITAL PROSECUTION			HABEAS CORPUS			OTHER PROCEEDING					
a. <input type="checkbox"/>	Pre-Trial	e. <input type="checkbox"/>	Appeal	g. <input type="checkbox"/>	Habeas Petition	k. <input type="checkbox"/>	Petition for the	l. <input type="checkbox"/>	Stay of Execution	o. <input type="checkbox"/>	Other
b. <input type="checkbox"/>	Trial	f. <input type="checkbox"/>	Petition for the	h. <input type="checkbox"/>	Evidentiary Hearing		U.S. Supreme	m. <input type="checkbox"/>	Appeal of Denial of Stay		
c. <input type="checkbox"/>	Sentencing		U.S. Supreme Court	i. <input type="checkbox"/>	Dispositive Motions		Writ of Certiorari	n. <input type="checkbox"/>	Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay		
d. <input type="checkbox"/>	Other Post Trial		Writ of Certiorari	j. <input type="checkbox"/>	Appeal						

15. CATEGORIES ( <i>Attach itemization of services with dates</i> )	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (RATE PER HOUR = \$ )				IN COURT	IN COURT
b. Interviews and Conferences with Client				TOTAL	TOTAL
c. Witness Interviews			Category a	Category a	
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence					
g. Consulting with Expert Counsel			OUT OF COURT	OUT OF COURT	
h. Legal Research and Writing			TOTAL	TOTAL	
i. Travel			Categories b-j	Categories b-j	
j. Other ( <i>Specify on additional sheets</i> )					
TOTALS: Categories b thru j (RATE PER HOUR = )					

16.	Travel Expenses ( <i>lodging, parking, meals, mileage, etc.</i> )				
17.	Other Expenses ( <i>other than expert, transcripts, etc.</i> )				

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE  <div style="text-align: center;"> <u>                    </u>      <b>TO:</b>      <u>                    </u> </div>	19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
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21. CLAIM STATUS		G Final Payment		G Interim Payment Number		G Supplemental Payment	
Have you previously applied to the court for compensation and/or reimbursement for this		G YES		G NO		If yes, were you paid? G YES G NO	
Other than from the Court, have you, or to your knowledge has anyone else, received payment ( <i>compensation or anything of value</i> ) from any other source in connection with this representation?		G YES		G NO		If yes, give details on additional sheets.	
<b>I swear or affirm the truth or correctness of the above statements.</b>							
Signature of Attorney						Date	

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE